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PATENT

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TECHNICAL CENTER 16002300

Jeffrey O. Phillips et al.

Serial No. 09/600,012

Filed: July 7, 2000

Title: METHOD AND APPARATUS FOR
MONITORING CEREBRAL PHYSIOLOGY

Attorney Docket No.: CUMIP.758

Group Art Unit: 1610

CERTIFICATE OF MAILING
37 C.F.R. 1.8

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Susan J. White
Signature

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents
Application Processing Division
Customer Correction Branch
Washington, D.C. 20231

Dear Sir:

Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested. There is one error, which was apparently made by the PTO, as follows:

1. The Filing Date has been incorrectly shown as 09/08/2000. The correct filing date of the application was 07/07/2000.

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It is respectfully requested that the above error be corrected and that a corrected Filing Receipt be issued. As the error was made by the PTO, we do not believe a fee is due.

Thank you for your prompt attention.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Susan J. Wharton". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

Susan J. Wharton
Reg. No. 41,524

SHOOK, HARDY & BACON L.L.P.
One Kansas City Place
1200 Main Street
Kansas City, Missouri 64105-2118
816/474-6550



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/600,012	09/08/2000	1616	1204	CUMP-6884 75681	2	9	6

William B Kircher
Shook Hardy & Bacon
One Kansas City Place
1200 Main Street
Kansas City, KS 64105-2118

FILING RECEIPT



OC000000005421099

Date Mailed: 09/25/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Jeffrey Owen Phillips, Ashland, Boone Country, MI ;
Roger Eugene Huckfeldt, Columbia, Boone Country, MI ;

Continuing Data as Claimed by Applicant

THIS APPLICATION IS A 371 OF PCT/IB99/00088 01/07/1999

Foreign Applications

UNITED KINGDOM 9800370.0 01/08/1998

If Required, Foreign Filing License Granted 09/22/2000

Title

Method and apparatus for monitoring cerebral physiology

Preliminary Class

424

Data entry by : ORDENEZ, MARTA

Team : OIPE

Date: 09/25/2000





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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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- The articles such as "a," "an" and "the" are not included as the first words in the title of an application. They are considered to be unnecessary to the understanding of the title.
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Bib Data Sheet

SERIAL NUMBER 09/600,012	FILING DATE 09/08/2000 RULE -	CLASS 424	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. CUMP.75681	
APPLICANTS Jeffrey Owen Phillips, Ashland, Boone Country, MI ; Roger Eugene Huckfeldt, Columbia, Boone Country, MI ;					
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/IB99/00088 01/07/1999					
** FOREIGN APPLICATIONS ***** UNITED KINGDOM 9800370.0 01/08/1998					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/22/2000 -					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY MI	SHEETS DRAWING 2	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 6
ADDRESS William B Kircher Shook Hardy & Bacon One Kansas City Place 1200 Main Street Kansas City ,KS 64105-2118					
TITLE Method and apparatus for monitoring cerebral physiology					
FILING FEE RECEIVED 1204	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		